FEE AUTHORIZATION / AMENDMENT TRANSMITTAL			Atty's Docket No: 6155-US-NP
Serial No. 10/600,129	Filing Date June 19, 2003	Examiner Anne L. Holleran	Group Art Unit 1643

In Re Application of Sarah S. Bacus et al.

For Method for Predicting Response to Epidermal Growth Factor Receptor-Directed Therapy

TO THE COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date ($130.00)
- ☐ Two months of original due date ($490.00)
- ☒ Three months of original due date ($1,110.00)
- ☐ Four months of original due date ($1,730.00)
- ☐ Five months of original due date ($2,350.00)

☒ A response in connection with the matter for which this extension is requested:

- ☒ is filed herewith.
- ☐ has been filed.
- ☐ The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

☒ The accompanying papers include amended claims for which no additional fee is required.

☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x $52	= $ 0.00
Indep. Claims		Minus	=	0	x $220	= $ 0.00
☐ First Appearance of a multiple dependent claim					+ $390	= $ 0.00
Total Additional Fee for this Amendment						$ 0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.

- ☐ Other: _____

☒ Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of $1110.00. A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.

☒ The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

21069

U.S. Patent Operations/SNB
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Date: July 21, 2009

CERTIFICATE OF TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is being transmitted to the USPTO via the USPTO EFS on July 21, 2009.

Date: July 21, 2009

/Signature/ Lynne Buchsbaum
Name: Lynne Buchsbaum